

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

09540637

FILING DATE

3/31/00

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	OFP.	W/O.	OFP.	W/O.	OFP.
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TOTAL W/O.	4					
TOTAL OFP.	19					
TOTAL	23					

	W/O.	OFP.	W/O.	OFP.	W/O.	OFP.
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